

NHDAMF ORGANIC CERTIFICATION PROGRAM LANDOWNER STATEMENT

This form is to be completed by the property owner/landowner, if one or both of the following situation(s) exist:

1. The NHDAMF Certified producer will be leasing or otherwise utilizing land listed below which is OWNED by someone other than the producer;
2. The NHDAMF Certified producer has not OWNED the land listed below for the past 3 years, starting from March 1st of this year and counting back 3 years.

LANDOWNER'S NAME & ADDRESS:

PHONE: _____

CERTIFIED ORGANIC PRODUCER'S NAME & ADDRESS

PHONE: _____

PLEASE COMPLETE THE FOLLOWING TABLE WHERE APPLICABLE:

Field Location & Acreage	Specify Agricultural Activity: forest, cropland, fallow, etc.	N/A*	Brand & Type of Material Applied: specify fertilizer/pesticide/herbicide	Date of last Application

(*N/A- means Not Applicable)

Affirmation Statement:

To the best of my knowledge and ability the above information listed in the table is correct and accurately reflects the current status of the property in question.

Landowner Signature

Date

Witness's Name (please print)

Witness's Signature

Date

(THIS DOCUMENT MAY BE COPIED)